

STATE OF MAINE

New Vendor & Vendor Update Form

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

FEDERAL TAXPAYER ID NUMBER TIN <input style="width: 100%;" type="text"/>		Vendor Customer Number (if known) VC# <input style="width: 50%;" type="text"/> Account or Client Number (if known) <input style="width: 50%;" type="text"/>	
TIN Type <input type="radio"/> Social Security No. <input type="radio"/> Employer ID No.	Organization Type <input type="radio"/> Individual <input type="radio"/> Company	Classification <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign* (W8 required) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> State Gov't <input type="checkbox"/> Other Gov't <input type="checkbox"/> Other	

<u>NEW</u>	<u>OLD</u>
Name <input style="width: 100%;" type="text"/> Alias/DBA <input style="width: 100%;" type="text"/> C/O <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> C/S/Z <input style="width: 100%;" type="text"/> Phone <input style="width: 100%;" type="text"/>	Name <input style="width: 100%;" type="text"/> Alias/DBA <input style="width: 100%;" type="text"/> C/O <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> C/S/Z <input style="width: 100%;" type="text"/> Phone <input style="width: 100%;" type="text"/>

<u>NEW</u>	<u>OLD</u>
Name <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> C/S/Z <input style="width: 100%;" type="text"/>	Name <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> C/S/Z <input style="width: 100%;" type="text"/>

Contact Name:

Contact Phone

Email Address:

Note

**Authorized Signature,
Title & Current Date:** _____

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS # * <input style="width: 100%;" type="text"/>	Agency Contact Person Name & Title* <input style="width: 100%;" type="text"/>	Contact's Phone # <input style="width: 100%;" type="text"/>